

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/-				
3		/-				
4		/-				
5		/-				
6		/-				
7		X				
8		Q				
9	X	1				
10	/					
11	/					
12	/					
13	/					
14	/	\$				
15	/	\$				
16	/	-				
17	/	-				
18	/	-				
19	/	-				
20	/					
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48						
49						
50						
TOTAL IND.	7		↓	↓	↓	
TOTAL DEP.	12		↔	↔	↔	
TOTAL CLAIMS	19					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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96						
97						
98						
99						
100						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.			↔	↔	↔	
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS